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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

JUL 9 2008 *new*
JUL 9 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

J.B. ANDERSON

2.0070090044

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

TOM DART

T. MUELLER

JOHN DOE

C.H.S. ADMINISTRATOR

JOHN DOE

DENTIST

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

JUDGE WILLIAM T. HART

Case No: 08 CV 2986
(To be supplied by the Clerk of this Court)

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: JB. G ANDERSON
- B. List all aliases: _____
- C. Prisoner identification number: 20070090044
- D. Place of present confinement: C.C.D.O.C
- E. Address: 2600 SO CALIFORNIA CHGO IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: TOM DART
 Title: DIRECTOR
 Place of Employment: C.C.D.O.C
- B. Defendant: T. MUELLER
 Title: ADMINISTRATOR PROGRAM SERVICES
 Place of Employment: C.C.D.O.C
- C. Defendant: JOHN DOE
 Title: CERMAK HEALTH SERVICE ADMINISTRATOR
 Place of Employment: C.D.D.O.C

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. DEFENDANT: JOHN DOE

TITLE: DENTIST

PLACE OF EMPLOYMENT: C.C.D.O.C.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____
 B. Approximate date of filing lawsuit: _____
 C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
 D. List all defendants: _____
 E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
 F. Name of judge to whom case was assigned: _____
 G. Basic claim made: _____
 H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
 I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I REQUESTED TO SEE A DENTIST, BUT
I NEVER GOT A ANSWER. AFTER NOT GETTING
A ANSWER REQUESTING SEVERAL OTHER TIMES
AND NOT GETTING A ANSWER I FILED A
DETATNEE GRIEVANCE. I RECIEVED A COPY
BACK STATING THAT I HAD SEEN THE DENTIST
ONI MARCH 27th 08. CONSIDERING I KNOW
THAT I HAVENT SEEN A DENTIST. I FILED
ONOTHER DETATNEE GRIEVANCE ON APRIL
18th MY SOCIAL WORKER STATED TO ME THAT
SHE WAS NOT TO PROCESS MY SECOND
GRIEVANCE AS A GRIEVANCE BUT AS A
REQUEST AND TO SEND ME TO THE
DISPENSARY FOR PAIN PILL PER HER
SUPERVISOR. I ALSO NEVER RECIEVED PAIN
PILLS. THE DENTIST HAD TO REPORT TO
THE CORMAK HEALTH SERVICES ADMIN
AND LOG THAT I HAD BEEN SEEN

ON MARCH 27th THE ADMINISTRATOR
APPROVED THESE ACTIONS WITH NO PROOF
OF A APPOINTMENT WITH THE DENTIST.
WHICH LEAD THE PROGRAM SERVICES
ADMINISTRATOR T. MUELLER TO RESPOND IN
A UNPROFESSIONAL MANNER ALSO. THESE
INDIVIDUALS ARE ASSIGNEES OF C.C.DOC.
DIRECTOR TOM. DART

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE TO BE ISSUED A ATTORNEY
IN THIS MATTER.

ALSO I WOULD LIKE TO BE COMPENSATED
FOR PAIN & SUFFERING, EMOTIONAL DISTRESS.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

J.B. Anderson
(Signature of plaintiff or plaintiffs)

J.B. ANDERSON
(Print name)

20070090044
(I.D. Number)

2600 SO CALIFORNIA
CHICAGO IL 60608

(Address)

the fact that the defendant's conduct was not
in the public interest.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/11/2008 BY 60322 JAL/STW

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